

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024279

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 3155

STATE FILE NUMBER

FILED JUN 17 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY VERNON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY, MISSOURI		Length of stay in 1b 9 HOURS	c. CITY OR TOWN R 2 SHELDON, MO.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL, KC, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 2
3. NAME OF DECEASED (Type or print) First ALBERT Middle WILLARD Last DURAN		4. DATE OF DEATH Month June Day 1 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/26/95
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY RETIRED	9. AGE (last birthday) 68
11. BIRTHPLACE (City and state or country) PARIS TEXAS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ANDREW M DURAN		13b. MOTHER'S MAIDEN NAME DORA ELLISON	
14. NAME OF HUSBAND OR WIFE Mrs Corda Duran		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES	
16. SOCIAL SECURITY NO. 10/4/17 to 4/14/19		17. INFORMANT Address Sheldon, Mo. VA HOSPITAL RECORDS and Mrs. Corda Duran	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured Abdominal Aortic Aneurysm Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gastro-Intestinal Hemorrhage Massive DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary Emphysema			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour 6:50 PM Month, Day, Year 5/31/63			20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION 6/1/63
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			COUNTY VERNON
20f. CITY, TOWN, OR LOCATION 6/1/63			STATE MISSOURI
20g. attended the deceased from 6:50 PM 5/31/63 to 3:50 AM 6/1/63 and last saw him alive on 6/1/63			
20h. Death occurred at 3:50 AM 6/1/63 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Hugh H. Owens		22b. ADDRESS 152 Union Station	
22c. DATE SIGNED 6-3-63		22d. LOCATION (City, town, or county) Fort Leavenworth, Kans.	
23. NAME OF CEMETERY OR CREMATORY FORT LEAVENWORTH NATIONAL		23d. DATE JUNE 5, 1963	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 6-4-63	
26. REGISTRAR'S SIGNATURE Ruth Long			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

H. H. OWENS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Licensed Embalmer No. 998

P.O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.